

Ensure items 1, 2, and 3 are completed. Attach this card to the back of the mailpiece, or on the front if space permits.

Signature of Addressee or Agent

Date of Service or Delivery

B. Received By: (Printed Name)

E. Dramaal

C. Date of Delivery

1. Article Addressed to:

CARDINAL HEALTH, INC.
 CT Corporation System
 450 VETERANS MEMORIAL PKWY STE 7A
 EAST PROVIDENCE RI 02914-5315 2023 JUN

D. Is delivery address different from item 1?
 If YES, enter delivery address below: Yes No

12 A 11:35

U.S. DISTRICT COURT
 N.D. OF ALABAMA

6:22-cv-1394 LSC



9490 9112 0620 3794 6579 83

2. Article Number (Transfer from service label)

9402 9112 0620 3794 6579 40

3. Service Type

 Certified Mail

PS Form 3811 Facsimile, July 2015 (SDC 3930)

Domestic Return Receipt

FILED

2023 Jun-12 PM 04:06
 U.S. DISTRICT COURT
 N.D. OF ALABAMA